

VIRGINIA DEPARTMENT OF FORESTRY EMPLOYEE REIMBURSEMENT FORM

EMPLOYEE SSN	SIGNATURE	DATE SUBMITTED
I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF THIS BUSINESS.		

DATE	LOCATION	TIME LEFT	TIME RETURN	OVER-NIGHT (X)	VENDOR	ITEM	NUMBER OF MILES	VEHICLE USAGE CODE (BELOW)	AMOUNT (\$)
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PURPOSE OF TRIP: ☐ Conference ☐ Presentation ☐ Investigations ☐ Education ☐ Field Work ☐ Other (Explain)
